

T2070-2 (10-79)

## POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be as a ligned by Hg)

Ty05185

90066871

				<u> </u>	1100100	
NOTE: This form is completed for each potent submitted on this form is based on available r	ntial hezerdous was	te site to help	set priorities for	site inspe	ection. The information	
and on-site inspections.	o o o h		sequent forms as	a 100011 (	or additional middlines	
Charles Charle	Lawtrona			÷	•	
GENERAL INSTRUCTIONS: Complete Section	ns I and III through	X as complet	ely as possible b	efore Sect	ion II (Preliminary	
Accomment). File this form in the Regional Agency; Site Tracking System; Hazardous Wa	Hazardous Waste L Lute Enforcement To	og File and su ask Force (EN-	bmit a copy to: (335): 401 M St.	).S. Enviro SW: Washi	ington. DC 20460.	
	I. SITE IDE	NTIFICATION	TXI	14700	<u>95678                                    </u>	
A. SITE NAME		· '	other identifier)			
Gulf Chemical and Met	<u>tallurgical</u>		Box 2290			
C. CITY		D. STATE	E. ZIP CODE	1	ITY NAME	
<u>Freeport</u>		TX	77541	Brazo	ria	
G. OWNER/OPERATOR (If known)						
1. NAME same	i	. TELEPHONE NUMBER				
				233	3-7882	
H. TYPE OF OWNERSHIP						
1. FEDERAL 2. STATE 3. COL	UNTY4. MUNIC	CIPAL XX5	PRIVATE6	UNKNOWN	•	
. SITE DESCRIPTION						
(1) lagoon, (1) waste	e pile				. 4:	
J. HOW IDENTIFIED (I.e., citizen's complaints, OS	SHA citations, etc.)			<del></del>	K. DATE IDENTIFIED (mo., day, & yr.)	
TDWR files					March 23, 1977	
1. NAME				2. TELE	PHONE NUMBER	
T. Kearns				713/4	179-5981	
	AINARY ASSESSME	NT (complete t	his section last)			
A. APPARENT SERIOUSNESS OF PROBLEM						
1. HIGH XXX. MEDIUM 3. LOW	4 NONE	5. U	JNKNOWN			
<del>_</del> ,	_	— <i>.</i>				
B. RECOMMENDATION		<del></del>			<del></del>	
1. NO ACTION NEEDED (no hexard)		2. IMME	SIATE SITE INSPE	CTION NEE	EDED	
		a. TEN	TAT"VELY SCHED	ULED FOR	UPERFUND FILE	
XXX 3. SITE INSPECTION NEEDED						
S. TENTATIVELY SCHEDULED FOR:		b. WILL BE PERFORMED BY:				
Sept. 1981					DEC 01 1992	
TOUR		A SITE	NSPECTION NEED	FD (low or	riority)	
TDWR 4. SITE INSPECTION NEEDED (low priority)  REORGANIZED						
	···					
C. PREPARER INFORMATION						
1. NAME		2. TELE	PHONE NUMBER		3. DA FE (mo., day, & yr.)	
<b>-</b>		712/	/70 E001		luno 2 1001	
T. Kearns	Y77		479-5981		June 3, 1981	
	III. SITE IN	FORMATION			· · · · · · · · · · · · · · · · · · ·	
A. SITE STATUS	NACTIVE (Those	1  3 07455	(apecify):			
municipal sites which are being used sites wit	hich no longer receive	Those sites t	hat include such in	cidente like	"midnight dumping" where	
for waste treatment, storage, or disposal wastes, on a continuing basis, even if intre-	).	no regular or c	ontinuing use of th	e site tor w	este disposal has occurred.)	
quently.)		Į				
		L				
3. IS GENERATOR ON SITE?			_		. •	
1. NO 🔀	2. YES (apacify gene	rator's four-dig	t SIC Code):	2819		
	·				<del></del>	
	PPARENT SERIOUSN					
5 1. LATI	TUDE (degminse		1		-minsec.) - 11	
	24° 25' 00	••	95	017/0	<u> </u>	
E. ARE THERE BUILDINGS ON THE SITE?			<del></del>			

Chemical, metallurgical units

Continued From Front													
CHARACTERIZATION OF SITE ACTIVITY													
Indicate the major site activity(les) and details relating to each activity by marking 'X' in the appropriate boxes.													
×	A. TRANSPOR	TE	<b>R</b>	×	8.	STORER	×	C. TREATE	R	'x'		). C	ISPOSER ,
Г	1. RAIL		•	I. PILE			┪	1. FILTRATION			I. LANDFI	LL	
	2. SHIP			2. SUNP.	۱۵.	E IMPOUNDMENT		2. INCINERATION			2. LANDFA	RM	
	3. BARGE			3. DRUM	_			3. VOLUME REDUCTI	ON		. OPEN D	UMI	<b>P</b>
<u> </u>	4. TRUCK			4. TANK	, A E	BOVE GROUND		4. RECYCLING/RECO	VE	AY XX	4. SURFAC	E 1	MPOUNDMENT
	S. PIPELINE			S. TANK		LOW GROUND		5. CHEM./PHYS. TRE	AT	MENT	s. MIDNIGH	17 (	DUMPING
L	6. OTHER (epecify):			6. OTHE	R (4	epecity):		6. BIOLOGICAL TREA	A TN	ENT	8. INCINER	AT	10N
					[	7: WASTE OIL REPROC			SSING	. UNDERG	RO	UND INJECTION	
ł						ļ	_	S. SOLVENT RECOVE	RY		. OTHER (	ap4	eily):
İ						· }		9. OTHER (specify):		1			
l													
E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED													
					• .,								
									•				
1													
<u> </u>						V. WASTE RELAT	ΕD	INFORMATION				_	•
A.	WASTE TYPE												<del>*****                                </del>
_	1 UNKNOWN S	<b>2</b> 13	LIQUID										
L	Ti ONKNOWN 12	<u>S</u> 2.	LIQUID	, XXX	. 50	OLID4. S	LU	IDGE5. G	A5			•	
Θ.	WASTE CHARACTE	RIST	rics										
	1. UNKNOWN	<b>]</b> 2.	CORROS	SIVE 🛄 1	. 10	GNITABLE 🛄 4. R	AC	DIOACTIVE5 H	IGH	LY VOLA	TILE		
] [	6. TOXIC	]7	REACT	VE8	. II	NERT9 F	LA	AMMABLE					
<b>!</b> _	_												
_=	10. OTHER (apacif						-			_			
	WASTE CATEGORIE . Are records of wast		vailable	Specify it	ms	such as manifests, in	ve	ntories, etc. below.					
	es, TDWR mani							•					
<u> </u>					_								
<u> </u>	Estimate the amo	unt	(specify	unit of me	esu	re)of waste by cate	go	ry; mark 'X' to indic	ate	which wa	stes are p	res	
<u> </u>	a. SLUDGE	<del> </del>	b. C	OIL	<del> </del>	c. SOLVENTS	1	d. CHEMICALS	<del> </del>	e. SOL	IDS	_	I. OTHER
^~	IOUNT	<b> </b> ^_	OUN		[~	woon i	1	MOUN I		Unknown	1	~	
L <sub>U</sub> N	IT OF MEASURE .	אט	IT OF M	EASURE	l <sub>u</sub>	NIT OF MEASURE	lu	NIT OF MEASURE	<del></del>	IT OF ME		Ž	IT OF MEASURE
									1				
<b>.</b>	e are	₩	ī.		-	<del>,</del>	ŀ×	<del>,,</del>	·×			' x'	
Ĥ	(1) PAINT PIGMENTS	Ĥ	(1) OIL	, res	F	(1) HALOGENATED	f	(1) A CIDS	广	(1) FLYAS	н	Ĥ	(1) PHARMACEUT.
┝╌	/	+-			一		┪	101710011110	<del> </del>			$\vdash$	· · · · · · · · · · · · · · · · · · ·
	SLUDGES 1	<u> </u>	[ (2) O TH	ER(specify): ,	Į,	(2) NON-HALOGNED SOLVENTS	1	LIQUORS .	l	(2) ASBES	TOS		(2) HOSPITAL
	<del></del>	1		•	٣	(3) OTHER(apecify):	T	<del> </del>		(3) MILLIN		Г	
	(3) POTW				┢	J(3) O I HER( apacity).		(3) CAUSTICS	1		FAILINGS		(3) RADIOACTIVE
	(4) A LUMINUM	1					Г			FEDR	1116		
	SLUDGE	1			Ì		l	(4) PESTICIDES	ł	(4) SMLTG	OUS . WASTES		(4) MUNICIPAL
	(5) OTHER(specify):	1			Į		Г			NON-E	FRROUS		(8) OTHER(specify):
Г	((5) OTHER(apecity).						L	(8) DYES/INKS	l_	(5) SMLTG	ERROUS . WASTES		itti o i ii citto poorii,
						•	Γ		ХX	(6) OTHER	(specify):		•
		1					L	(6) CYANIDE		Calcium	1		
							Г	(7) PHENOLS	lı	ohospha	te		
					İ		L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	•			
l		1			1		ł	(8) HALOGENS			atalyst		
[							L	<u> </u>	۱	with me	tals.		
•	•	1						(9) PCB					
1		1			ł		L		ł			1	
		1				•	1	(10) METALS					
1		ſ					L		1				
1		1					L	(11) OTHER (*pecify)				ŀ	
		1					1						•

## . WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hezerd).

Calcium phosphate spent catalyst with vanadium, cobalt

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

	· · · · · · · · · · · · · · · · · · ·	VI. HAZ	ARD DESCRIPT	<u>ON</u>		
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	·	E. REMARKS	
I. NO HAZARD					i.e.,	4.9.
2. HUMAN HEALTH						
3. NON-WORKER NJURY/EXPOSURE						
4. WORKER INJURY						
5. CONTAMINATION 5. OF WATER SUPPLY						
CONTAMINATION OF FOOD CHAIN						
7. CONTAMINATION OF GROUND WATER						
8. CONTAMINATION OF SURFACE WATER			,			
9. DAMAGE TO FLORA/FAUNA			·		·	
1). FISH KILL						
11. CONTAMINATION OF AIR						
12. NOTICEABLE ODORS						
13. CONTAMINATION OF SOIL						
14. PROPERTY DAMAGE						
15. FIRE OR EXPLOSION						
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS						
17. SEWER, STORM DRAIN PROBLEMS						
19. EROSION PROBLEMS						
19. INADEQUATE SECURITY				·		
29. INCOMPATIBLE WASTES						
21. MIDNIGHT DUMPING						
See Site Description page attached.	xxxxx					

Continued From Front			
		VII. PERMIT INFO	RMATION
A. INDICATE ALL APPL	CABLE PERMITS, HELD BY	THE SITE.	
,			
XX I NPDES PERMIT	XX 2 SPCC PLAN	XX 3. STATE PERMIT	specify): 30952, W.C.O. 01861
XX 4. AIR PERMITS	5. LOCAL PERMIT	6. RCRA TRANSPO	RTER
7 RCRA STORER	B RCRA TREATER	9 RCRA DISPOSER	•
<del></del>	/		
B. IN COMPLIANCE?	):		
I. YES	2. NO	XX 3. UNKNOWN	
, <u></u> , , <b></b>		3. OHRHOM	t,
4. WITH RESPECT	TO (list regulation name & nu	umber):	
	v	III. PAST REGULATO	RY ACTIONS
A. NONE	XX B. YES (summarize b	····	
			contaminated stormwater problems.
	· · · · · · · · · · · · · · · · · · ·	<b>"3',</b> ,-	out out the out of the
	<del></del>	· · . · . · · . · · · · · · · · · · ·	
	IX. IN:	SPECTION ACTIVITY	(past or on-going)
A NONE	XX B. YES (complete item	ns 1,2,3, & 4 below)	•
1 TYPE OF ACTIV	2 DATE OF PAST ACTIC (moi, day, & y	ON BY:	4. DESCRIPTION
RCRA inspection	November	24, 1980 EPA	
···		-1-1	
		}	•
	Х. І	REMEDIAL ACTIVITY	(past or on-going)
XX: A. NONE	B. YES (complete item	ns 1, 2, 3, & 4 below)	
1. TYPE OF ACTIV	2. DATE OF		A DESCRIPTION
1. ITTE UP ACTO	PAST ACTIO		4. DESCRIPTION
	<del></del>		
i I			· 
NOTE: Based on the	information in Section	s III through X, fill	out the Preliminary Assessment (Section II)
	on the first nage of this		